STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155668	A. BUILDING _____ B. WING _____	R-C 02/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE RETIREMENT HOME	4915 CHARLESTOWN RD NEW ALBANY, IN 47150

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS	{F 000}		

This visit was for a post survey revisit (PSR) to investigation of Complaint IN00101601 completed on 1/13/2012.

This visit included the PSR to the Recertification and State Licensure survey completed on 12/7/2011.

Complaint IN00101601 - Corrected

Survey date: February 20, 2012

Facility number: 001144
Provider number: 155668
AIM number: 200256980

Survey team:
Gloria J. Reisert MSW/TC
Donna Groan RN
Avona Connell
Dorothy Navetta

Census bed type:
SNF: 56
SNF/NF: 58
Residential: 9
Total: 123

Census payor type:
Medicare: 20
Medicaid: 38
Other: 65
Total: 123

Sample: 3

Providence Retirement Home was found to be in

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155668	A. BUILDING _____ B. WING _____	R-C 02/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE RETIREMENT HOME	**4915 CHARLESTOWN RD NEW ALBANY, IN 47150**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	Continued From page 1 compliance with 42 CFR part 483, subpart B and 410 IAC 16.2 in regard to the post survey revisit to the investigation of Complaint IN00101601. Quality review completed 2/21/12 Cathy Emswiller RN	{F 000}		